	For Office Use ONLY: Intake □AWASA □TALGV □SNS □PACC □KFT □N COPAY: \$ Check in by PA	Date://5408 \$	RUZ VETERINARY CLINIC S. 12 th Ave. Tucson, AZ 85706 Phone #: (520) 889-9643 Fax #: (520) 889-9023 www.santacruzpet.com	
Address:	treet Apt/Unit# State Zip	Patient Name: Species: Dog Cat Sex: Male Female Age: wks/mo/yrs Breed: Color:	# of pets today	
WHAT SURGERY IS YOUR PET HERE FOR TODAY? Spay Neuter Dental Other: 1. Is your animal spayed or neutered? Yes No I don't know 2. Where did you get your pet?				
ALL PATIENTS BROUGHT TO SANTA CRUZ WITH FLEAS OR TICKS ARE REQUIRED TO BE TREATED FOR A FEE OF \$20 I am the owner and/or designated person to authorize medical care for the above pet. I hereby allow Santa Cruz Veterinary Clinic to examine, prescribe for, and/or treat the above pet. I assume all responsibility for charges acquired in the care of this animal. I also understand that charges must be paid at time of release and deposit may be required. If the above pet is receiving services that are paid for by an organization, I understand that my pet must be surgically sterilized (spay/neuter) at this time. If inpatient care is required, I understand that personnel are not present on premises 24hrs a day. I understand that the doctors and staff will use all reasonable precautions against injury, escape, or death of my pet. I understand that all anesthesia and surgery involve risk of injury or death to my pet and I will not hold the doctor and/or staff responsible for unforeseen complications. I understand I am responsible for following post anesthetic/surgical recovery instructions to avoid serious injury or death to my pet. All animals spayed/neutered may be tattooed for identification. I understand that I assume all risks. Santa Cruz Veterinary Clinic is a clinical preceptor for the University of Arizona's College of Veterinary Medicine. I understand that my animal may have surgery performed or assisted by a veterinary student under direct supervision by the attending licensed veterinarian.				
Signature:	Print Na	me:	Date:	
I.Vaccines: Dog: Cat: I 2. \$15.00 Y 3. \$15-20 Y 4. \$20.00 Y 5. \$25.00 Y 6. \$25.00 Y 7. \$15-20 Y 8. \$40.00 Y 9. \$40.00 Y 10. \$95.00 Y 11. \$ Y	Rabies \$18 PRC \$20 FELV \$40 Yes No -E-Collar (Male dogs >6mo Required for Yes No -Deworming for intestinal parasites do Yes No -Deworming for intestinal parasites do No - Toe Nail Trim Yes No - Anal Glands No - Microchip w/ Registration Yes No - Post op pain relief for your 4 month of Yes No - Dog: Heartworm, Tick fever, and Lyn Yes No - Cat: FeLV/FIV Test Yes No - Pre-op blood work (CBC/Chem) Yes No - Doctor recommendations:	\$40Lepto \$40 neuters or at Doctor's discretion) gs and cats. or older pet me disease Test	QR code for post-op instructions video	
Weight(lbs): Temp (E R): Pulse: Resp: M/C scan:Neg/Pos				
PRE-OP EXAM: DVisual or Brief Exam Caution or Feral				

PRE-OP EXAM:	BCS= /9 Room Tech	□Visual or Brief Exam – Caution or Feral
MM/CRT:NABNE		
Gen. Apperance:NABNE		
Cardio/Pulmonary:NABNE		
Integumentary:NABNE		
Musculo-Skeletal: <u>N</u> AB NE		
Digestive:NABNE		
Genito-Urinary:NABNE	TI (C!)	
EENT:NABNE	Vet Signature	
Dental:NABNE		